



THE COMMONWEALTH OF MASSACHUSETTS
Department of Labor & Workforce Development
Division of Occupational Safety
399 Washington Street, 5th Floor
Boston, MA 02108
(617)727-7047 (800) 425-0004 (MA Only)
Fax (617)727-7568
Homepage: www.state.ma.us/dos

APPLICATION FOR CERTIFICATION AS A
**ASBESTOS MANAGEMENT
PLANNER**

(In accordance with the provisions of
M.G.L. c. 149, § 6-6F and 453 CMR 6.07)

FOR DOS USE ONLY

☐ Initial Application

☐ Renewal Application

☐ Duplicate Application

Certification # _____

Issue Date _____

Reviewer _____

Please complete each section below by printing or typing the information, attaching all required documentation, and signing the application.

1. APPLICANT INFORMATION

Name _____ Social Security # _____ Date of Birth _____

Residence (Street) _____ Tel # (____) _____

City/Town _____ State _____ Zip _____

Mailing Address (if different from above) _____

City/Town _____ State _____ Zip _____

2. EDUCATION BEYOND HIGH SCHOOL (Attach additional sheets, if necessary)

Name and address of institution attended: _____

Degree/Certificate received _____ Date of Degree _____

Field(s) of concentration (check all that apply)

___ Project Planning ___ Management ___ Environmental Science ___ Construction

___ Architecture ___ Industrial Hygiene ___ Occupational Health ___ Related Scientific

___ Engineering-List type _____

Field

If related scientific field, identify field and list courses of study _____

3. EMPLOYMENT EXPERIENCE

Document a minimum of six months experience in the asbestos abatement field, including experience in asbestos management, as prescribed in 453 CMR 6.07(2)(b)1.b. Attach separate sheet(s) or a detailed resume, if necessary.

Name and address of employer _____ Tel # (____) _____

Current Position/Title _____

Duties and Responsibilities: _____

Dates employed: From _____ to _____

Supervisor's name and position/title _____

4. ATTACHMENTS TO BE SUBMITTED WITH THE APPLICATION:

- a. Original Asbestos training certificates, or legible copies thereof, indicating successful completion of the applicable initial and refresher training requirements specified by 453 CMR 6.10(2), 6.10(4)(e), and/or 453 CMR 6.10(5).
Original training certificates will be returned after review of the application.
- b. A copy of an associate degree or certificate in project planning, management, environmental sciences, engineering, construction, architecture, industrial hygiene, occupational health, or a related scientific field; and
- c. Document a minimum of six months experience in the asbestos abatement field, including experience in asbestos management, as prescribed in 453 CMR 6.07(2)(b)1.b or a combination of education and experience equivalent to that set forth in 453 CMR 6.07(2)(b)1
- d. A list of all occupational safety and health-related citations or notices of violation, including notices of noncompliance, notices of responsibility, notices of intent to assess an administrative penalty, orders, consent orders and court judgments, received by the applicant in the two years prior to the date of application, and the issuing agency or department and final disposition of such citation or notice.
- e. **A money order or certified bank check payable to the Commonwealth of Massachusetts in the amount of the entire annual fee of \$625.00.**
A person applying for certification as an Asbestos Inspector and as an Asbestos Management Planner at the same time need pay only one \$625.00 fee. If the Director denies, revokes, suspends or refuses to renew a certificate for reasons specified in 453 CMR 6.04, the fee payment is not refundable.

5. PAYMENT OF TAX OBLIGATIONS & STATEMENT OF COMPLIANCE

I, _____, do hereby state, under the pains and penalties of perjury, that I have paid all tax
(PRINT NAME)

obligations current and due to the Commonwealth as of the date of application, that I have read and understand the Commonwealth of Massachusetts Regulations for The Removal, Containment or Encapsulation of Asbestos, 453 CMR 6.00, and that all information contained herein, including any supplements attached hereto, is true and correct to the best of my knowledge and belief.

SIGNATURE _____ DATE _____ **07/2003**

APPLICANTS FOR CERTIFICATION SHALL APPLY IN PERSON AT ONE OF THE DOS OFFICES LISTED BELOW:

MONDAY	399 Washington Street, 5 th Floor, Boston, MA 02108 (617)727-7047/1933
TUESDAY	165 Liberty Street, Springfield, MA 01102 (413)781-2676
WEDNESDAY	4 Summer Street, Room 212, Haverhill, MA 01830 (978)372-9797
THURSDAY	1213 Purchase Street, 2nd Floor, New Bedford, MA 02740 (508)984-7718
FRIDAY BY APPOINTMENT ONLY	1001 Watertown Street, 2nd Floor, W. Newton, MA 02465-2148 (617) 969-7177
WEDNESDAY BY APPOINTMENT ONLY	167 Lyman Street, Westboro, MA 01581 (508)792-7225